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## Reg

Please ensure that the form is completely filled out. Incomplete forms will lead to longer processing times, and may be rejected.

SURFACE WATER

	V	Vater	Resour	ces	Prog	ram	
quest	for	Deter	mination	of	Water	Budget	Neutrality

☐ GROUND WATER

Section	1. APPLICANT		
	Business Name: k Summer Homes Association	Phone No: (509) 728-0415	Other No: (509) 453-9193
Address:	1014 S. 33 <sup>rd</sup> Ave		
City: Yak	ima	State: WA	Zip:98902
Email Ad	dress (optional): Bill@VKPowell.com		
Contact N	Name (if different from above): Bill Frymier	Phone No:	Other No:
Relations	hip to Applicant:	A A A A A A A A A A A A A A A A A A A	e 127 geron
Address:			198
City:	and the second s	State:	Zip:
Section	2. STATEMENT OF INTENT	authorized	
34 cabins No.'s 007 curtailme Ecology s	escribe the purpose of your proposed project: The Island a resort/restaurant whose water use is authorized (63, 01026, and 02217. The priority dates of these not during years of prorationing of the Yakima Basis sell mitigation to the Hart Creek Homes and make sek is water budget neutral and may continue to use	zed under Yakima County A claims vary from 1946 to 1 n Water Project. This appl a determination that, upon p	Adjudication Court Claim 948, and are subject to ication is requesting that burchase of mitigation,
Is this for	ed length of time to complete your project: complete an existing use, established prior to July 16, 2009 nen was the water first regularly and beneficially use	? _X_YesNo	
For Ecology Use	APPLICATION NO: 54-35558  Fee Paid: Check No: Check No:		SEPA: Exempt/Not Exempt 01-WR1-0285-000011
Use	Fee Paid: Check No:	ECY Coding	

Purpose(s) of Use		X Cubic I	Pheck one b Feet per Secons per Minute	nd (CFS)	Total Water in Acre-Feet Year (AF/YR known)	per	Period of Use (Continuously or Seasonal)	
Domestic Consumption		0.043			9.75		Continuously	
	14,0							
ТОТ	AL:							
A.) If Surface Water Source  Spring Creek River Lake Other:				Do	B.) If Ground Water Source  Do you have an existing well? YES NO  Well(s) Other:			
Source Name: Hart Creek  Tributary to: Rimrock Lake/Tieton River				_ Exis	Existing well diameter & depth:  If available, attach Water Well Report and pump tes			
Number of proposed diversible Do you have an existing di					Il Tag ID No nber of propos		nts of withdrawal:	
C.) Point of Diversion/	Withd	rawal –	Legal De	escription				
Parcel No.	1/4	1/4	Section	Township	Range		County	
	SW	NW	2	13	13		Yakima	
Lot(s)		Block(	s)	S	Subdivision			
							**************************************	
If available, GPS (Global I			tem) device :					



Water Use: List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.) Purpose(s) of Use Rate (check one box only) Total Water Use\* Period of Use (Continuously or Seasonal) in Acre-Feet per X Cubic Feet per Second (CFS) Year (AF/YR) (If Gallons per Minute (GPM) known) **Domestic Consumption** 0.043 9.75 Continuously TOTAL: \*Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at: http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html Section 3. POINT OF DIVERSION OR WITHDRAWAL Complete A or B, and C below A.) If Surface Water Source B.) If Ground Water Source ☐ Spring ☐ Creek ☐ River ☐ Lake Do you have an existing well? YES NO Other: Well(s) Other: Hart Creek Source Name: Existing well diameter & depth: Tributary to: Rimrock Lake/Tieton River If available, attach Water Well Report and pump test. Well Tag ID No.\_\_\_ Number of proposed diversion points: 1 Number of proposed points of withdrawal: Do you have an existing diversion? X YES \( \subseteq NO C.) Point of Diversion/Withdrawal - Legal Description Parcel No. Section Township Range County NW SW 13 13 Yakima Subdivision Lot(s) Block(s) If available, GPS (Global Positioning System) device location: Latitude: N Longitude: Datum and units (for example NAD83 and decimal degrees, etc): (required for all GPS locations) If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 1100 Feet (North/ South) and 250 feet (East/ West) from the west quarter corner of Section 2.

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

Section 4. WATER SYSTEM INFORMA Complete A or B, C, D, E and F belo	
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served:  35 Cabins + Restaurant/Resort  edits per Bill Frymier 3/29/12	Present population to be served water:
Type of connections: recreational cabin, resturant (e.g., home, recreational cabin)	Estimate future population to be served:(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Was Division?   YES NO	shington State Department of Health, Drinking Water
If yes, date plan was approved/ Wa	iter System Number: ID 31495
Name of water system: <u>Heart Creek Summer Homes</u>	
Are you within the service area of an existing water sys	tem? YES X NO
If yes, explain why you are unable to connect to the sys	tem:
	the second secon
	Received to the part of the pa
THE STATE OF THE S	
D.) On-Site Septic	
Will there be an on-site septic system? X YES \( \subseteq NO	the color of the action of the color of the
If yes, please provide a copy of the property covenant the drain field. Varying types of systems	nat restricts or prohibits trees or shrubs over the septic
E.) Sanitary Sewer System	

ii yes, piease provide a copy o	f the sewer utility agreement that se	erves the proposed pr	roject.
F.) Irrigation			
[2] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	ed to be irrigated under this applicat irrigated on your attached map.		s or square feet 43,560 square feet)
Section 5. MITIGATI	ON		
<ul> <li>identify an existing trust water must:</li> <li>Contribute an equal or Parker.</li> <li>Have a priority date ear</li> </ul>	Water Budget Neutrality under Charight or pending application to place greater amount to Yakima River fluorities than May 10, 1905.  for instream flow protection and mi	ce a water right in true	ust. The trust water right
A) Existing Trust Water Rig	· · · · · · · · · · · · · · · · · · ·		
Water Right No.	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	TOTAL:		
B) Proposed Trust Water R Please identify the pending	cight Application g application(s) to place a water right	ht(s) into trust for us	se as mitigation.
Water Right No.	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	TOTAL:		
	Right(s) listed in Section 5 (A) and	d (B) Acquired for	 Mitigation

	be discharged to a sanitary sewer system y of the sewer utility agreement that se		project.
F.) Irrigation			Set E
Total number of acres reque	ested to be irrigated under this applicate be irrigated on your attached map.		es or square feet 43,560 square feet)
Section 5. MITIGA	TION		
identify an existing trust wa must:  • Contribute an equa Parker.	of Water Budget Neutrality under Charter right or pending application to place of the place of the property of the property of the property of the place of the p	ce a water right in tr	ust. The trust water right(s
Be eligible to be us	ed for instream flow protection and mi	itigation of out-of-p	riority uses.
A) Existing Trust Water Please identify existing	Right trust water right(s) for use as mitigation	on. Cabin Own	er's Water Bank
Water Right No.	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
		country of Divote of Vi	
	TOTAL:		
B) Proposed Trust Water Please identify the pend	r Right Application ling application(s) to place a water right	nt(s) into trust for us	se as mitigation.
Water Right No.	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater:

\_\_\_\_\_\_AFY
Note: You may wish to refer to the online water use calculator for example consumptive use calculations:
http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html
Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

## Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

And Lot 25

Lots 1 through 24, and 26 through 36 of Hart Creek Summer Homes area within the SW¼NW¼ of Section 2; the S½S½NE¼ and N½N½SE¼ of Section 3, all lying northerly of State Highway 12; All being within Unsurveyed T. 13 N., R. 13 E.W.M., Snoqualmie National Forest.

And the Resort and Restaurant in the NE1/4 SE1/4 of Sec. 2, T13, R13

1/4	1/4	Section	Twp.	Range	County	Parcel No.
			13	13	Yakima	

## Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

William	Try	mi
Print Name	1	

(Applicant or authorized representative)

Signature

3/29/12 Date

Signature

Date

(Land Owner, if seeking to use the ground water exemption)

Forest Service Land

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452

